

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>  |                             | Docket Number<br>100070.401C1   |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
|--|-----------------------------|---|--|------------|-------------------------|--|-------|------|---|-------|-------|--|--------|-------|--|--------|-------|--|--------|--------|---|--|--|--|--|--|--|--|--|--|--|--|---|--|--|
| Application Number 10/606,150  |                             | Filed June 24, 2003   |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| For BUFFERED COMPOSITIONS FOR DIALYSIS   |                             |   |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| Art Unit<br>1617   | Examiner<br>Jennifer M. Kim |   |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p>   |                             |   |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| <table> <thead> <tr> <th></th> <th style="text-align: center;"><u>Fee</u></th> <th style="text-align: center;"><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> </tr> <tr> <td><br/><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</td> <td></td> <td></td> </tr> <tr> <td><br/><input type="checkbox"/> A check in the amount of the fee is enclosed.</td> <td></td> <td></td> </tr> <tr> <td><br/><input type="checkbox"/> Payment by credit card.</td> <td></td> <td></td> </tr> <tr> <td><br/><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</td> <td></td> <td></td> </tr> <tr> <td><br/><input checked="" type="checkbox"/> The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number <u>19-1090</u>.</td> <td></td> <td></td> </tr> </tbody> </table> |                             |   |  | <u>Fee</u> | <u>Small Entity Fee</u> | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | <br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. |  |  | <br><input type="checkbox"/> A check in the amount of the fee is enclosed. |  |  | <br><input type="checkbox"/> Payment by credit card. |  |  | <br><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. |  |  | <br><input checked="" type="checkbox"/> The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number <u>19-1090</u> . |  |  |
|  | <u>Fee</u>                  | <u>Small Entity Fee</u>   |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130                       | \$65  |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490                       | \$245   |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110                      | \$555   |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1730                      | \$865   |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2350                      | \$1175  |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| <br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |                             |   |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| <br><input type="checkbox"/> A check in the amount of the fee is enclosed.   |                             |   |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| <br><input type="checkbox"/> Payment by credit card.   |                             |   |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| <br><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                             |   |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| <br><input checked="" type="checkbox"/> The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number <u>19-1090</u> .  |                             |   |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>   |                             |   |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>32,783</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34. _____.</p>   |                             |   |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| <hr/> /Carol J. Roth/<br><hr/> Signature<br>Carol J. Roth<br><hr/> Typed or printed name   |                             | <hr/> June 29, 2009<br><hr/> Date<br>206-622-4900<br><hr/> Telephone Number |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.</p>  |                             |   |  |            |                         |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |